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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		All Authorized				Office Use Only
1. NAME OF TY COMMITTEE (in full)	/PE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5	
American Podiatric Medi	cal Associat	ion Political A	Action Co	mmittee		
<u> </u>						
ADDRESS (number and street)	9312 Old George	town Road				
Check if different						
than previously reported. (ACC)	Bethesda				MD	20814-1698
2. FEC IDENTIFICATION NUM	BER ▼	CITY 🛦			STATE A	ZIP CODE ▲
C C00008839		3. IS THIS REPORT	\ <u>\</u>	NEW N) OR	AN (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)		Jun 20 (M6) Jul 20 (M7)	H	20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1)	(c) 12-Day	Apr 20 (M4)	Primary (12P		X Oct General	
July 15 Quarterly Report (Q2)	PRE-EI		Convention (Special (
October 15 Quarterly Report (Q3)						
January 31 Year-End Report (YE)		Election on	M M /	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)		Election for the:	General (300	G)	Runoff (3	Special (30S)
Termination Report (TER)	Порол	Election on	M = M /	D D /	Y - Y - Y - Y	in the State of
5. Covering Period 09	/ D D / 01	2011	through	M M M	30	2011
I certify that I have examined this	Report and to th	e best of my kno	wledge and b	pelief it is tru	ie, correct and	d complete.
Type or Print Name of Treasurer	Dr. William Dabdo	oub DPM				
Signature of Treasurer Dr. Willi	iam Dabdoub DPM		[Electronically	y Filed]	Pate 10	/ D D / Y Y Y Y Y Y Y 14 Y 14 2011
NOTE: Submission of false, erroneou	us, or incomplete	information may su	ubject the pers	son signing th	nis Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

09 2011 09 30 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 243863.33 January 1, 2011 (b) Cash on Hand at 439774.16 Beginning of Reporting Period..... 392167.94 7602.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 447376.16 636031.27 6(a) and 6(c) for Column B)..... 36000.00 224655.11 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 411376.16 411376.16 (subtract Line 7 from Line 6(d)).....

Debts and Obligations Owed BY
 the Committee (Itemize all on Schedule C and/or Schedule D)





This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 09	01 2011 To:	09 30 2011
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4093.00	251500.33
(ii) Unitemized(iii) TOTAL (add	3509.00	131615.50
Lines 11(a)(i) and (ii)	7602.00	383115.83
(b) Political Party Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7602.00	383115.83
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received15. Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	9052.11
Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	0.00	0.00
F	0.00	0.00
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	7602.00	392167.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	7602.00	392167.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
Operating Expenditures: (a) Allocated Federal/Non-Federal	erating Expenditures:						
Activity (from Schedule H4)							
(i) Federal Share	0.00	0.00					
(1) N. 5 1 101	0.00	0.00					
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00					
Expenditures	0.00	10754.11					
(c) Total Operating Expenditures							
(add 21(a)(i), (a)(ii), and (b))►	0.00	10754.11					
Transfers to Affiliated/Other Party							
Contributions to	0.00	0.00					
Federal Candidates/Committees and Other Political Committees	36000.00	212000.00					
Independent Expenditures	0.00	0.00					
(use Schedule E) Coordinated Party Expenditures	0.00	0.00					
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00					
, , , , , , , , , , , ,	7 7 7	7 7					
Loan Repayments Made	0.00	0.00					
Loans Made	0.00	0.00					
Refunds of Contributions To: (a) Individuals/Persons Other							
Than Political Committees	0.00	1901.00					
4) 8 50 4 8 4 8 4 9	0.00	0.00					
(b) Political Party Committees	0.00	0.00					
(such as PACs)	0.00	0.00					
_							
(d) Total Contribution Refunds	0.00	1001.00					
(add Lines 28(a), (b), and (c))▶	0.00	1901.00					
Other Disbursements	0.00	0.00					
Federal Election Activity (2 U.S.C. §431(20))							
(a) Allocated Federal Election Activity							
(from Schedule H6) (i) Federal Share	0.00	0.00					
(i) Federal Shale							
(ii) "Levin" Share	0.00	0.00					
(b) Federal Election Activity Paid Entirely							
With Federal Funds	0.00	0.00					
(c) Total Federal Election Activity (add	0.00	0.00					
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00					
Total Disbursements (add Lines 21(c), 22,							
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	36000.00	224655.11					
Total Federal Disbursements							
(subtract Line 21(a)(ii) and Line 30(a)(ii)	36000.00	224655.11					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7602.00	383115.83
4. Total Contribution Refunds (from Line 28(d))	0.00	1901.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7602.00	381214.83
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	10754.11
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	10754.11

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	E NUMBER:			PAGE	6	OF	22
(check only one)								
X	11a		11b		11c	12	2	
	13		14		15	16	6	17

NAME OF COMMITTEE (In Full)	g the name and address of any political committee Association Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Charles P. Chapel Mailing Address 2723 Forest Rd. City Spring Hill FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code FL 34606-3377 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt 90 01 2011 Transaction ID: 19336922 Amount of Each Receipt this Period 150.00
Full Name (Last, First, Middle Initial) 3. Dr. Joseph William Bonura Mailing Address 226-A St. Joe Plaza Dr. # City	\$127 State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Palm Coast FEC ID number of contributing federal political committee.	FL 32164-3615	Transaction ID: 19336926 Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Mailing Address 100 Ayshire Ct. City Slidell FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code LA 70461-5034 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 2050.00	Date of Receipt M M M / D 06 2011 Transaction ID: 19342977 Amount of Each Receipt this Period 150.00
SUBTOTAL of Receipts This Page (options	al)	425.00
TOTAL This Period (last page this line nur	nber only)	

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)										
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		13		14		15		16		17

NAME OF COMMITTEE (In Full)	e name and address of any political committee t sociation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Aniello Scotti Jr. Mailing Address 1 Three Pond Rd. City Smithtown FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NY 11787-1830 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 225.00	Date of Receipt 09 07 2011 Transaction ID: 19343926 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Dr. Derek J. McCammon Mailing Address 9477 S.E. Emerald Loop City Portland FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code OR 97086-8037 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 428.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Dmitry Sandler Mailing Address 2830 Fairways Dr. City Homestead FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary Other (specify)	State Zip Code FL 33035-1176 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	167.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE N	NUMBER	PAGE	22			
(chec	k only	one)					
X	11a	11b		11c	12		
	13	14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical A	ssociation Political Action Committe	ee
Full Name (Last, First, Middle Initial) Dr. Ross E. Taubman Mailing Address PMB #161, 100 Meridian B	lvd. #104	Date of Receipt
		09 13 2011
City	State Zip Code	Transaction ID : 19351017
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Columbia Foot & Ankle Assoc.	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Karla L. Stipati Mailing Address For Having Park		Date of Receipt
Mailing Address 535 Horizon Dr. W		09 13 2011
City	State Zip Code	Transaction ID : 19374541
Saint Charles	IL 60175-6554	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Craig H. Thomajan		Date of Receipt
Mailing Address Austin Foot & Ankle Specia 5000 Bee Cave Rd. #202		09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City West Lake Hills	State Zip Code TX 78746-5254	Transaction ID : 19390010 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Austin Foot & Ankle Specialists	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	475.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	E NUMBER:			PAGE	9	OF	22
(check only one)								
X	11a		11b		11c	12	2	
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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ng the name and address of any political committee t	to solicit contributions from such committee.
American Podiatric Medical	Association Political Action Committee	ee
Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala		Date of Receipt
Mailing Address 59 Harrowgate Dr.		09 21 2011
City	State Zip Code	Transaction ID: 19393195
Cherry Hill	NJ 08003-1938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	160.00
Name of Employer	Occupation	1
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1440.00	
Full Name (Last, First, Middle Initial) Dr. Richard A. Armstrong	·	Date of Receipt
Mailing Address Falmouth Podiatry		M = M / D = D / Y = Y = Y
342A Gifford St.	Stata Zin Cada	09 22 2011
City Falmouth	State Zip Code MA 02540-2948	Transaction ID : 19394244
	IVIA UZD4U-Z948	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	1
Falmouth Podiatry	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Tyson E. Green	<u> </u>	Date of Receipt
Mailing Address 4213 Maidstone Dr.		09 222011
City	State Zip Code	Transaction ID : 19394249
Lake Charles	LA 70605-4033	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	-
Self-Employed	Podiatric Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	300.00	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (option	al)	260.00
	<u> </u>	
TOTAL This Period (last page this line nur	mber only)	

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 10 OF

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only c	one) 11b 14	11c	12 16	17	
any information copied from such Reports and Statements may for commercial purposes, other than using the name and a	, , , ,		•	_			

NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Georgina A. Asante Date of Receipt Mailing Address 1900 10th Ave. #305 2011 25 City State Zip Code Transaction ID: 19397984 31901-1400 GΑ Columbus Amount of Each Receipt this Period FEC ID number of contributing C 45.00 federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 405.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mr. Steve Carroll Date of Receipt Mailing Address 215 E. Capitol Ave. 09 2011 29 City State Zip Code Transaction ID: 19403877 Jefferson City MO 65101-3001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Missouri Podiatric Medical Association **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Helena Anne Reid Date of Receipt Mailing Address 840 35th Ave. Pl. #102 2011 09 29 City State Zip Code Transaction ID: 19403879 IL Moline 61265-8026 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 445.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee t	o solicit contributions from such committee.
American Podiatric Medical A	Association Political Action Committe	90
Full Name (Last, First, Middle Initial) Dr. Darrin Lowe		Date of Receipt
Mailing Address 1806 San Ramon Ave.		09 29 2011
City	State Zip Code	Transaction ID: 19403930
Berkeley	CA 94707-1630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
W. County Family Foot Center	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey A. Crowhurst	Date of Receipt	
Mailing Address 212 Forest Park Pl.		09 29 2011
City	State Zip Code	Transaction ID : 19403931
Ottawa	IL 61350-1124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Self-Employed	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Jeffery H. Alexander		Date of Receipt
Mailing Address 1417 Eastwood Ave		09 29 2011
City	State Zip Code	Transaction ID : 19403932
Highland Park	IL 60035-2820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	501.00
Name of Employer	Occupation	_
Midwest Podiatry Services	Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	501.00	
SUBTOTAL of Receipts This Page (optiona	ıl)	1301.00
FOTAL This Period (last page this line num	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	_		_	MBER	:	PAGE	 12	OF	22
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

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NAME OF COMMITTEE (In Full)

American Podiatric Medical As	ssociation Political Action Committe	е
Full Name (Last, First, Middle Initial) 1. Dr. Michael J. Wessels		Date of Receipt
Mailing Address 2245 River View Dr.		09
City Rock Falls	State Zip Code IL 61071-1442	Transaction ID : 19403933 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer KSB Medical Group/Foot & Ankle Center Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Michael A. Conway Mailing Address 892 N. Broadway		Date of Receipt
City North Massapequa	State Zip Code NY 11758-2352	09 15 2011 Transaction ID: 19403949 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Massapequa Foot Care	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
Full Name (Last, First, Middle Initial) Dr. Anthony M. Lombardo		Date of Receipt
Mailing Address 17104 Westridge Meadow D		09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chesterfield	State Zip Code MO 63005-1337	Transaction ID : 19403952 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation Podiatric Physician	
Bridgeton Podiatry Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1020.00
TOTAL This Pariod (last ness this line and the	or only)	4093.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		EOR LINE	F NUMBER: PAGE 13 OF 22			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	separate schedule(s) (check only one)				
J.ODG.IGEMENTO	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 📗 25 📉 26			
	ago	27	28a 28b 28c 29 30b			
Any information copied from such Reports and State						
or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
$ \; angle$ American Podiatric Medical Assoc	iation Political Action	n Committe	e			
Full Name (Last, First, Middle Initial)						
A. Upton For All Of Us			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address P.O. Box 490			09 09 2011			
City	State Zip Code					
St. Joseph	MI 49085		Transaction ID: 19344696			
Purpose of Disbursement						
Contribution to 2012 Primary Election		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	5000.00			
Rep. Frederick Stephen Upton		Type	5000.00			
	ment For: 2012					
Senate President	Primary General Other (specify) ▼		Contribution to 2012 Primary Election			
State: MI District: 06	Officer (specify)					
Full Name (Last, First, Middle Initial)						
B. Sanford Bishop For Congress			Date of Disbursement			
Camera Bioliop i di Congress			M M / D D / Y Y Y Y			
Mailing Address P. O. Box 909			09 09 2011			
City Columbus	State Zip Code GA 31902		Transaction ID: 19344712			
Purpose of Disbursement	OA 31902					
Contribution to 2012 Primary Election		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Rep. Sanford D. Bishop Jr.		Type	1000.00			
	ment For: 2012					
	Primary General		Contribution to 2012 Primary Election			
State: GA District: 02	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. Friends Of John Barrow			Date of Disbursement			
1 Hends Of John Barrow			M M / D D / Y Y Y Y			
Mailing Address PO Box 8166			09 09 2011			
City Savannah	State Zip Code GA 31412		Transaction ID: 19344713			
Purpose of Disbursement	GA 31412					
. ,		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Rep. John Barrow		Type	2500.00			
	ment For: 2012					
Senate	Primary General					
State: GA District: 12	Other (specify) ▼					
State: GA District: 12						
SUBTOTAL of Disbursements This Page (optional)			8500.00			
COSTOTAL OF DISDUISEMENTS THIS Fage (optional)		·····				
TOTAL This Period (last page this line number only)					

S	CHEDULE B (FEC Form 3X)			I FOR I	INF N	IUMBER:			FAC	GE 14	OF	22
T	EMIZED DISBURSEMENTS		arate schedule(s)		c only							
•			category of the Summary Page		21b	22	X 2	3	24	25		26
		Dotalloa	Curimary rago		27	28a	2	8b	28c	29		30b
Ar	ny information copied from such Reports and Statem	nents may	not be sold or use	ed by any	persor	n for the	purpo	se of	soliciting	contrib	utions	
or	for commercial purposes, other than using the nam	e and add	ress of any political	al commit	tee to	solicit co	ntributi	ions fr	om suc	h comm	ittee.	
	NAME OF COMMITTEE (In Full)											
	American Podiatric Medical Associa	ation Po	olitical Action	Comn	nittee	9						
<u>/_</u>												
_	Full Name (Last, First, Middle Initial)											
Α.	Ben Cardin For Senate					Date of	DISDU	ursem	ent			
	Mailing Address D.O. D. 04000					M = M	/	D D	/ Y	Y Y	Y	
	Mailing Address P.O. Box 21093					09	1 1	09		2011	-	
	City	State	Zip Code									
		MD	21228			Trans	action	1D : 1	1934472	11		
	Purpose of Disbursement											
				011		Amount	t of Ea	ach Di	sbursen	nent this	Perio	d
	Candidate Name			Categor	v/		-	-		-	-	
	Sen. Benjamin Cardin			Type	y,				- 7	100	00.00	
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	State: MD District:											
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В.	Whitfield For Congress Committee					Date of	f Disbu	ursem	ent			
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	Mailing Address P.O. Box 391					09	J L	09	J L	2011		
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SCHEDULE B (FEC Form 3X)		EOD LINE	E NUMBER: PAGE 15 OF 22			
ITEMIZED DISBURSEMENTS	Use separate schedule(s	s) (check only	NOMBEN:			
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Any information copied from such Reports and	Statements may not be sold or u	used by any person	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
American Podiatric Medical As	sociation Political Action	on Committe	ee			
Full Name (Last, First, Middle Initial)						
A. Schakowsky For Congress			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address P.O. Box 5130			09 09 2011			
City	State 7:- Onda					
City	State Zip Code IL 60204		Transaction ID: 19344731			
Evanston Purpose of Disbursement	IL 60204					
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Candidate Name			Amount of Each Blobardement this Feriod			
Rep. Janice D. Schakowsky		Category/ Type	1000.00			
	bursement For: 2012	Туре				
Senate	✓ Primary General					
President	Other (specify)					
State: IL District: 09	(spin 3)					
Full Name (Last, First, Middle Initial)						
B. Citizens For Tom Petri			Date of Disbursement			
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Mailing Address P.O. Box 270			09 09 2011			
3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
City	State Zip Code		Transaction ID : 19344732			
Fond Du Lac	WI 54936		11a115action 1D : 19344732			
Purpose of Disbursement						
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Candidate Name		Category/	1000.00			
Rep. Thomas E. Petri		Type	1000.00			
	bursement For: 2012					
Senate	Primary General					
President	Other (specify)					
State: WI District: 06						
Full Name (Last, First, Middle Initial)			Data of Diahuranana			
C. Michaud For Congress			Date of Disbursement			
Mailing Address 040 Links 04			09 09 2011			
Mailing Address 213 Lisbon St			09 09 2011			
City	State Zip Code					
Lewiston	ME 04240		Transaction ID: 19344736			
Purpose of Disbursement						
		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Rep. Michael H. Michaud		Type	1000.00			
Office Sought:	bursement For: 2012		,			
Senate	Y Primary General					
President	Other (specify) ▼					
State: ME District: 02						
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SCHEDULE B (FEC Form 3X)		FOR LINE	E NUMBER: PAGE 16 OF 22				
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	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b				
[27					
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or us e name and address of any politi	sed by any perso cal committee to	on tor the purpose of soliciting contributions of solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
American Podiatric Medical As	sociation Political Action	n Committe	ee				
Full Name (Last, First, Middle Initial)							
A. Loebsack For Congress			Date of Disbursement				
Mailing Address PO Box 2720			09 09 2011				
City	State Zip Code IA 52406		Transaction ID: 19344737				
Cedar Rapids Purpose of Disbursement	IA 52406						
·		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00				
Rep. David Wayne Loebsack	aumannant Form 2015	Type	1000.00				
Senate President	oursement For: 2012 Primary General Other (specify) ▼						
State: IA District: 02							
Full Name (Last, First, Middle Initial)			Date of Dishamourant				
B. Renee Ellmers For Congress (Committee		Date of Disbursement				
Mailing Address P.O. Box 904			09 09 2011				
City Dunn	State Zip Code NC 28335		Transaction ID : 19344758				
Purpose of Disbursement		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	4000.00				
Rep. Renee Ellmers		Type	1000.00				
Office Sought: House Dist	oursement For: 2012 Primary General						
President State: NC District: 02	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C. Engel For Congress			Date of Disbursement				
Mailing Address 462 California Road			09 09 2011				
City	State Zip Code		Transaction ID : 19344759				
Bronxville Purpose of Disbursement	NY 10708						
r dipose of Biobardement		011	Amount of Each Disbursement this Period				
Candidate Name			Amount of Each Dispursement this Penou				
Rep. Eliot L. Engel		Category/ Type	1000.00				
Office Sought: House Dist Senate President	oursement For: 2012 Primary General Other (specify)						
State: NY District: 17							
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SCHEDULE B (FEC Form 3X)					17 (OF 2:			
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American Podiatric Medical Associ	iation D	olitical Actio	n Co	mmitta	^				
American Podiatric Medical Associ	ialion P	Ullical Actio	11 CO	mmue	Е				
Full Name (Last, First, Middle Initial)					_				
A. Boswell For Congress					Date o	f Disburser		Y	Υ
Mailing Address PO Box 1814					09	09		2011	
City	State	· ·				action ID	19344765		
Des Moines	IA	50305			IIalis	action iD	. 13344703		
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Candidate Name			Cat	egory/				-	_
Rep. Leonard L. Boswell				ype				1000	0.00
Office Sought: House Senate President Disburset	ment For: Primary Other (spe	General							
State: IA District: 03									
Full Name (Last, First, Middle Initial)									
Berkley For Senate					Date o	f Disburser	ment		
Mailing Address 3069 Conquista Court					09	09		2011	Y
City	State	Zip Code			Trans	action ID	: 19344769		
Las Vegas	NV	89121			man	saction ib	. 13344703		
Purpose of Disbursement				011	Amoun	t of Each I	Disburseme	ent this I	Period
Candidate Name			Cat	egory/					
Ms. Shelley Berkley				ype			,	1500	0.00
	ment For: Primary Other (spe	General							
Full Name (Last, First, Middle Initial) - Wally Herger For Congress Comm	nittee				Date o	f Disburser	ment		
Mailing Address PO Box 1007					09	09		2011	Y
City	State	Zip Code							
Willows	CA	95988			Trans	saction ID	: 19344770		
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Candidate Name			(011	Amoun	t of Each I	Disburseme	ent this I	Period
Rep. Wally Herger				egory/				1000	0.00
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NAME OF COMMITTEE (In Full)						
American Podiatric Medical As	ssociation Political Action	on Committe	e			
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Full Name (Last, First, Middle Initial)			Data of Bisham			
A. Tom Reed For Congress			Date of Disbursement			
Mailing Address 224 Week in the China			09 09 2011			
Mailing Address 221 Washington Street			09 09 2011			
City	State Zip Code					
Corning	NY 14830		Transaction ID: 19344771			
Purpose of Disbursement						
		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	4000.00			
Rep. Tom Reed		Type	1000.00			
Office Sought: House Dis	sbursement For: 2012					
Senate	Primary General					
President	Other (specify) ▼					
State: NY District: 29						
Full Name (Last, First, Middle Initial)						
B. Richardson For Congress			Date of Disbursement			
Markey Address Andress			M M / D D / Y Y Y Y			
Mailing Address 1212 S Victory Blvd			09 13 2011			
City	State Zip Code					
Burbank	CA 91502		Transaction ID: 19362624			
Purpose of Disbursement						
		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	4000.00			
Rep. Laura Richardson		Type	1000.00			
	sbursement For: 2012					
Senate	Y Primary General					
President	Other (specify) ▼					
State: CA District: 37						
Full Name (Last, First, Middle Initial)			5			
^{C.} Larson For Congress			Date of Disbursement			
Mailing Address 200 Mails Office			09 13 2011			
Mailing Address 330 Main Street			09 13 2011			
City	State Zip Code					
Hartford	CT 06106		Transaction ID: 19362935			
Purpose of Disbursement						
		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	0500.00			
Rep. John B. Larson		Type	2500.00			
	sbursement For: 2012					
Senate	Primary General					
President	Other (specify)					
State: CT District: 01						
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	American Podiatric Medical Associa	ation P	olitical Actior	n Commi	ittee					
$\overline{}$	Full Name (Last, First, Middle Initial)									
Α.	Larson For Congress					Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 330 Main Street									
	•	tate Zip Code CT 06106				ansaction ID	: 19386158			
	Hartford Purpose of Disbursement	CI	06106							
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	Candidate Name			Category/			1000	0.00		
	Rep. John B. Larson Office Sought: House Disbursen	ont Fam	2042	Type						
	Senate	nent For: Primary Other (spe	General							
	State: CT District: 01									
_	Full Name (Last, First, Middle Initial)									
В.	Volunteers For Shimkus					e of Disburser		Y		
	Mailing Address PO Box 661					09 15	2011			
	Collinsville	State IL	Zip Code 62234		Tr	ansaction ID	: 19386159			
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	Candidate Name			Category/			50	0.00		
	Rep. John M. Shimkus			Type				0.00		
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C.	Volunteers For Shimkus					e of Disburser		V		
	Mailing Address PO Box 661				_	9 15				
	City	State	Zip Code		Tr	ansaction ID	· 10386160			
	Collinsville	IL	62234		'''					
	Purpose of Disbursement			011	7					
	Candidate Name			011		ount of Each I	Disbursement this	Period		
	Rep. John M. Shimkus			Category/ Type			500	0.00		
	Office Sought: House Disbursen	nent For: Primary Other (spe	X General	Турс		7				
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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 20 OF 22				
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NAME OF COMMITTEE (In Full)							
American Podiatric Medical Assoc	iation Political Action	Committee	Э				
Full Name (Last, First, Middle Initial)							
A. Brett Guthrie for Congress			Date of Disbursement				
Mailing Address PO Box 9639			09 15 2011				
City	State Zip Code		Transaction ID : 19386161				
Bowling Green	KY 42102		114110404101112 1 10000101				
Purpose of Disbursement		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00				
Rep. Brett Guthrie		Туре	1000.00				
Office Sought: House Disburse	ment For: 2012 Primary General Other (specify) ▼						
State: KY District: 02	'						
Full Name (Last, First, Middle Initial)							
B. Hansen Clarke For Congress			Date of Disbursement				
Mailing Address 1448 Woodward Avenue #305			09 21 2011				
City Detroit	State Zip Code MI 48226		Transaction ID: 19394155				
Purpose of Disbursement		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00				
Hansen Clarke		Туре	1000.00				
	ment For: 2012 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)							
C. Mary Bono Mack Committee			Date of Disbursement				
Mailing Address PO Box 3370		09 21 2011					
City	State Zip Code		Transaction ID: 19394159				
Palm Springs	CA 92263		1141154041011112 : 10004100				
Purpose of Disbursement	011						
Candidate Name			Amount of Each Disbursement this Period				
Rep. Mary Bono Mack		Category/ Type	1000.00				
Office Sought: House Senate President Disburse	ment For: 2012 Primary General Other (specify)	71-					
State: CA District: 45							
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	NAME OF COMMITTEE (In Full)								
	American Podiatric Medical Associa	ation Polit	ical Action	Committee	e 				
_	Full Name (Last, First, Middle Initial)								
Α.		ess P.O. Box 1776			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address P.O. Box 1776								
	,		ip Code		Transa	action ID : 1	19394162		
	Freedom Purpose of Disbursement	PA 1	15042						
				011	Amount	of Each Di	sbursemer	nt this f	Period
	Candidate Name			Category/				1000	.00
	Rep. Jason Altmire			Type		7	-	1000	
	Senate	nent For: 201 Primary Other (specify	General						
	State: PA District: 04								
	Full Name (Last, First, Middle Initial)								
В.	Betty Sutton For Congress				Date of Disbursement				
	Mailing Address 1700 W Market St #155				09	23		2011	
	Akron		ip Code 14313		Trans	action ID : 1	19397221		
	Purpose of Disbursement			011	Amount	of Each Di	sbursemer	nt this F	Period
	Candidate Name			Category/				1000	00
	Rep. Betty S. Sutton			Туре		7	7	1000	7.00
	Senate X	nent For: 201 Primary Other (specify	General						
_	Full Name (Last, First, Middle Initial)								
C.	Courtney For Congress			Date of Disbursement					
	Mailing Address 38 Risley Road				09 26 2011				
			ip Code 06066		Transa	action ID : 1	19398316		
	Purpose of Disbursement	(,5500						
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	Rep. Joseph D. Courtney			Type				1000	.00
	Senate	nent For: 201 Primary Other (specify	General			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Г	J. J								
s	UBTOTAL of Disbursements This Page (optional)			······•		7	-,-	3000	.00
Т	OTAL This Period (last page this line number only)			·····•		,			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 22 OF 22
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:
I LIVIIZED DISDUNSEIVIEN IS	for each category of the	21b	22 🔀 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30
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or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Associ	ation Political Action	Committe	_
/ American reduction medical resour		Committee	
Full Name (Last, First, Middle Initial)			
A. Friends Of Chris Murphy			Date of Disbursement
	A.W. A.H		
Mailing Address PO Box 127			09 26 2011
City	Yesto Zin Codo		
City S Cheshire	State Zip Code CT 06410		Transaction ID: 19398357
Purpose of Disbursement	00410		
r dipose of Biobardomone		011	Amount of Each Disbursement this Period
Candidate Name		Cata nami/	
Mr. Christopher Murphy		Category/ Type	1000.00
	nent For: 2012	.,,,,	
	Primary General		
President	Other (specify) ▼		
State: CT District:	•		
Full Name (Last, First, Middle Initial)			
3.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
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Canada Hamo		Category/ Type	
Office Sought: House Disbursen	nent For:	Турс	
	Primary General		
	Other (specify) ▼		
State: District:	(1		
Full Name (Last, First, Middle Initial)			
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			M M / D D / Y Y Y Y
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Ou.			
City	State Zip Code		
Purpose of Disbursement			
F			Amount of Each Disbursement this Period
Candidate Name	I	Cata manu/	Amount of Lacif Disbursement this Feriod
		Category/ Type	
Office Sought: House Disbursen	nent For:	V 1: :	
	Primary General		
President	Other (specify) ▼		
State: District:	•		
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SUBTOTAL of Disbursements This Page (optional)			1000.00
TOTAL This Period (last page this line number only)			36000.00